

POSITION	ID NO.	DATE
CLASSIFIER	10	3-1-93
EXAMINER	434	3/5/93
TYPIST	28	2/8
VERIFIER	120	3/8/93
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Final	Original	Date
1	1	1	
2	2	2	
3	3	3	
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SYMBOLS

✓ Rejected

..... Allowed

(Through numeral) Canceled

..... Restricted

..... Non-elected

..... Interference

A Appeal

O Objected

Claim	Final	Original	Date
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